



The Good Samaritan Hospital of Charlotte, North Carolina

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OUT of war and destruction frequently come things of great good. Such is the case in the establishment of the first private hospital for Negroes in America, and the second such institution under any sponsorship, the Freedmen's Hospital in Washington, D.C. having been established by the Federal Government in 1863.

The Good Samaritan Hospital was conceived in the mind of Mrs. John Wilkes who, with other ladies of the Episcopal Church of Charlotte, had served as nurses in the local Confederate Hospital. After the war these ladies realized the need for civilian hospitals, so they worked and established the St. Peters Hospital for white citizens. Encouraged by the success of this endeavor, they recognized the acute need for similar facilities for the freedmen and turned their efforts in this direction. Letters of appeal were sent out to Episcopal churches all over the country, to individuals and to business firms. In December, 1882, the first contribution to the fund was received from Trinity Church, Southport, Connecticut. After this, contributions, large and small, were sent in from all sections of the country.

In 1883, \$400.00 taken from the fund and used to purchase an unused school building, formerly a Presbyterian mission, and a neighboring lot which was to be the site of the hospital. Thus, the St. Michael Mission, later St. Michael and All Angels P. E. Church, was founded and the first steps

toward the physical establishment of the hospital were begun.

On December 18, 1888 the cornerstone was laid. This ritual was described in the December 19, 1888, *Charlotte Observer* as follows:

At 3:00 p.m. a procession from the Church to the site was led by the Masons, followed by the clergy of all churches, both white and colored, and then by a throng of citizens of our community. Arriving at the foundation of the building, the colored Masons laid the cornerstone with all the impressive rites customary on such occasions.

In June, 1891, the building, spacious enough to house twenty patients, was completed and on September 23, 1891, was "dedicated to the service of God and to the sick and suffering", and was opened to the public. The total cost fully equipped was \$4,400. A matron was employed and Dr. Dennis O'Donoghue with Negro physicians, Drs. J. T. Williams and D. E. Caldwell served as the staff.

The Negro citizens of the community regarded the new hospital with awe and suspicion at first but gradually the fear and prejudice dissipated and they began to patronize and support it. During the first six months 13 patients were received and cared for. Frank Wilkes, a son of the founder, tells of the first patients attended in the hospital.

"The first patient was found lying just inside the gate, unconscious, almost naked and in the final stages of pneumonia. Those who had brought him were evidently too frightened to knock on the door. His case was hopeless but he had care and

THE GOOD SAMARITAN (CHARLOTTE COMMUNITY) HOSPITAL

Top. The old Good Samaritan Hospital.

Middle. The Good Samaritan Hospital with the addition dedicated in 1963.

Bottom. Architect's drawing of the new addition. The combined buildings have been renamed the "Charlotte Community Hospital."

comfort in his last hours and a decent burial.

"The next patient, protesting and struggling violently, was brought in by two policemen. His physician had advised his coming, his family approved but he had heard rumors that people were carved up with butcher knives in hospitals, so he rebelled."

The institution's mission of charity in those early years could hardly have been maintained without the help of the community, church societies, contributions from white and colored schools, business firms and individuals. Hampered from its inception by the lack of funds, the hospital has rendered the best service its means would allow. Improved service has come as a matter of course when adequate funds were available.

In 1903, a School of Nursing was established in order that carefully selected young Negro women might be prepared to render efficient service to their race and to earn a living in an honored profession. The first Commencement was held in 1905 and in the intervening years hundreds of nurses were educated.

The first real crisis for the hospital occurred on July 17, 1911 when an excursion train was wrecked near Hamlet, N. C., and 81 patients were brought to the Charlotte facility. Twelve rooms had been added by this time. All the physicians of the city joined in attending the wounded and of the entire group three died. This event gave much needed prestige to the institution and thereafter steady progress was made.

Because of the great influx of people into the Charlotte area immediately after the first World War, the facilities became over-crowded. A grant by J. B. Duke, the tobacco magnet, W. R. Bier, a prominent local business man, matched by funds raised by the Colored Sunday School Union, afforded a new addition to the hospital in 1925. Mr. Oscar Jackson, attendant at a local bank and Miss Anne Hayes, librarian, were the leaders among the Negroes in their giving.

In 1937, another new wing was completed, a nursing home built and complete modernization of the entire plant was effected through grants from the Duke Foundation and gifts from local citizens, outstanding among whom was Mrs. E. C. Marshall, a stalwart supporter of Good Samaritan and wife of a local businessman. Mrs. Marshall served as chairman of the Board of Management, comprised of women from the St. Peters Church,

which until 1947 administered the Hospital. In this year the women's organization relinquished control of the hospital administration and an Executive Board composed of two persons from each local Episcopal parish church was organized.

The hospital care for the next decade was rather uneventful with the institution assuming the total load of Negro patients of the Charlotte area. But in 1958, with grants from the Ford Foundations, the Hartford Foundation (A. & P.) and the Duke Endowment, the basement of the hospital was renovated and new kitchen and dining room facilities, laboratory, drug room, laboratories and passageways made available. However, due to the press of increased need for facilities for Negro patients and the passage of bonds for the enlargement of Memorial Hospital to include space for Negro citizens, as well as a study made by the Social Planning Council which recommended the closing of Good Samaritan Hospital, some questions of the efficacy of continuing the hospital were raised. An unfortunate situation arising out of a strike by students culminated in the closing of the School of Nursing by the Hospital Executive Board on October 31, 1959. Later studies by committees of citizens resulted in recommendations that Good Samaritan be placed under the Memorial Hospital Authority.

Because of this study and its recommendations and the inability to finance a renovation program to upgrade Good Samaritan to minimal physical standards, as well as a desire to get out of the hospital business, the Diocese of North Carolina, in its 1960 annual meeting, deeded the hospital properties to the City of Charlotte for the sum of one dollar. This transfer was completed on July 11, 1961, and on October 1, 1961, the Charlotte-Mecklenburg Authority assumed the responsibility for the operation of the hospital.

A bond issue was passed granting \$800,000 to be used for remodeling, additions and equipment which would completely rebuild the facility. This sum was supplemented by a grant of \$198,000 from the county, and construction was begun. The completed structure will be in full usage by June 1, 1964.

On November 17, 1963, the new, modernized plant was dedicated. Dignitaries representing the Church, city and county governments and the Mecklenburg County and Charlotte Medical Societies participated in impressive ceremonies. At

this program the time honored name was changed to "the Charlotte Community Hospital."

As to the future, little can be said. In this day of transition, when racial attitudes are changing, when the Christian spirit is being put to tests in the hearts of men as it has never been before in America, we face the future with hope and prayer. In its founding, the "Hospital of the Good Samaritan" as it was originally called, was dedicated to the physical and spiritual welfare of a group of human beings from whom the bonds of slavery had just been lifted. Now, with the passing of its control from the sacred to the secular, we hope

that the spirit of the Good Samaritan will not be forgotten and pray that the spirit of the New South, which fundamentally stands for the Fatherhood of God and the Brotherhood of Man, will prevail to perpetuate and enhance the good works that the Good Samaritan Hospital has effected since that far-off day when Mrs. Wilkes said, "Let's build a hospital for our Negro citizens".

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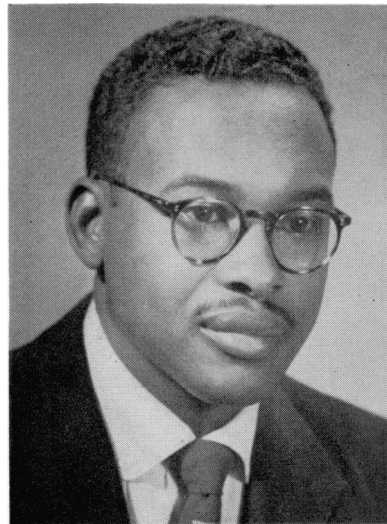
The Hospital Integration Story in Charlotte, North Carolina*

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MEDICAL integration developments in the State of North Carolina, and the Charlotte area in particular, have been regularly reported in this *Journal*.¹⁻⁹ In 1954 the Mecklenburg County Medical Society, representing the Charlotte area, dropped its racial bars and Dr. Emery L. Rann was the first Negro physician to be accepted into its membership.⁶

This Society has maintained its open policy. Problems in the hospital area, for our present interest, date from the year 1940 when the city of Charlotte made a bond issue to build the Charlotte Memorial Hospital with 290 beds.³ This was projected as a "white only" facility, but it was stated that part of the bond money would be used for the improvement of hospital facilities for Negroes. This was not done, however, and dissatisfaction arose and persisted among the Negro professional men and community. In 1955 the semi-private corporation established by the State Legislature to administer the funds for the Charlotte Memorial Hospital was changed to make the institution eligible for Hill-Burton grants-in-aid. In May 1957 a four million dollar bond issue was made for new construction at the Charlotte Memorial Hospital



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with the hope of receiving an additional two million dollars of Hill-Burton funds. This step was viewed with optimism by the Charlotte Medical Society, representing Negro physicians, because many surveys and conferences on the problem of medical integration had been made and held since 1940 and verbal assurance had been received that the new facilities would be integrated with respect to both physicians and patients. These "great expectations" were not realized and a long and

* For the photographs in this and the preceding article by Dr. Rann, the *Journal* is indebted to the kindness and courtesy of the *Charlotte Observer*, which also provided documentation for many of the specific developments described.